

STANDARD CERTIFICATE OF DEATH

State File No. **14556**
2024

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY OR TOWN <u>Kansas City</u> (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) <u>3 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u> (If not in hospital or institution, give street address or location)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> (If outside corporate limits, write RURAL and give township) d. STREET ADDRESS (If rural, give location) <u>1118 3023 Sue Bee</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u> b. (Middle) <u>Vansant</u> c. (Last) <u>Vansant</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-14-53</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3-13-06</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shipping Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MODERN ART Co</u>
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11. BIRTHPLACE (City and State or Foreign Country) <u>Baltimore, Md</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	13a. FATHER'S NAME <u>JASHYA VANSANT</u> <u>Unknown</u>
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13b. MOTHER'S MAIDEN NAME <u>SPARKS</u> <u>Harriet</u>	14. NAME OF HUSBAND OR WIFE <u>Agnes Van Sant</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)
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16. SOCIAL SECURITY NO. <u>218-10-9554</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Agnes Van Sant, K.C. Mo.</u>
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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES <u>Angina Pectoris</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>1 year</u> <u>4201</u>
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II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION
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20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-4-1953, **to** 4-14-1953, **that I last saw the deceased alive on** 4-13-1953, **and that death occurred at** 2:00 m., **from the causes and on the date stated above.**

23a. SIGNATURE <u>B. Marcus Heller</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>416 BRYANT Bldg</u>	23c. DATE SIGNED <u>4-14-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>4/15/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PHILADELPHIA</u>	24d. LOCATION (City, town, or county) (State) <u>PA</u>
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DATE REC'D BY LOCAL REG. <u>4-15-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>
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25. FUNERAL DIRECTOR'S SIGNATURE <u>SHEILA</u>	ADDRESS <u>K.C. MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Edward B. Merritt

Student Embalmer No. *480*

working under my personal supervision.

Student *Edward B. Merritt*

Student Embalmer

Signed

J. P. Phil

Licensed Embalmer No. *3625*

P. O. Address *K.C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.